

# ***ELECTRONIC REPAIR FORM***

The claims office must determine whether internal damage to an electrical or electronic item was caused by the item being dropped or mishandled in shipment, or whether the damage was due to age, fair wear and tear, a manufacturer's defect or any other factor. Please complete this form to the best of your ability.

1. Repair Firm Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Repair Firm Telephone Number: \_\_\_\_\_

3. Owner's Name: \_\_\_\_\_

4. Item Examined: \_\_\_\_\_  
(Make)

\_\_\_\_\_  
(Model) (Year Manufactured)

5. There (was) (was not) external damage to this item.

Description and location of new external damage is: \_\_\_\_\_  
\_\_\_\_\_

Description and location of old external damage is: \_\_\_\_\_  
\_\_\_\_\_

6. I (was) (was not) able to determine the cause of any new external damage. To the best  
of my knowledge and belief, the damage was caused by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. There (was) (was not) internal damage to this item.

Detailed description of internal damage is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. I (was) (was not) able to determine the cause of the internal damage. To the best  
of my knowledge and belief, the damage was caused by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Was the internal damage caused by shipment: (Circle one)

a. Definitely   b. Probably   c. Possibly   d. No   e. Can't tell

10. The specific reasons for my conclusions regarding the internal damage are: \_\_\_\_\_

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11. My experience as a repair technician is (state years experience and area of experience):

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12. I estimate the cost of repairing the internal damage is:

(parts) \_\_\_\_\_ \$ \_\_\_\_\_

(parts) \_\_\_\_\_ \$ \_\_\_\_\_

(parts) \_\_\_\_\_ \$ \_\_\_\_\_

Cleaning, adjustments, or other services: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Labor: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

13. Please list any charges which are not actually necessary to repair this item so that it properly functions (for example, list charges for cleaning, adjustment or other services which would not be required except as periodic maintenance).

Servicing charges not necessary: \$ \_\_\_\_\_

14. If there is new external damage to this item that your firm can repair, what are those charges:

Exact nature of repairs: \_\_\_\_\_

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Total cost of external repairs:	\$ _____
Tax:	\$ _____
Labor:	\$ _____
Total:	\$ _____

15. If your repair firm is assigned the repair of this appliance, will you deduct your estimate fee from the total bill?

a. Yes   b. No   c. Estimate fee not charged

16. Please Print Name: \_\_\_\_\_

17. Signature: \_\_\_\_\_

18. Date: \_\_\_\_\_

Thank you for taking the time to complete this form.